



**Department of Finance & Administration
Office of Accounting**

CREATE ASSET MASTER RECORD - FORM FI0007

Asset Class: _____

Description of Asset:

Asset main no. text: _____

Business Area where asset is located (Purchasing Agency): _____

Cost Center: _____ Internal Order: _____

AASIS Vendor No.: _____ Acquisition Date: _____

Vendor Name: _____ Useful Life: (years) _____

Cost: _____ (periods) _____

Inventory Number: _____ Serial Number: _____

Manufacturer: _____

Last inventoried on: _____ Include Asset in Inventory List? ☐

Quantity: _____ Status: _____

Unit of Measure: _____ Acquisition Code: _____

Room: _____ Class Code: _____

Personnel Number: _____ License Plate Number: _____

Purchased: New ☐ Used ☐

Reason for Post Capitalization(If Applicable)

Agency CFO: _____

Please Remit Post Capitalization Transaction Form to:

Office of Accounting CAFR Section, P. O. Box 3278, 1515 W 7th, Room 605, Little Rock, AR 72203
E-Mail: CAFR@DFA.STATE.AR.US **Fax:** (501) 683-0399 **Telephone:** (501) 682-2583

Service Bureau Agencies Please Remit Form to:

Office of Accounting Service Bureau, P. O. Box 3278, 1509 W 7th, Room 100, Little Rock, AR 72203
E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US **Fax:** (501) 682-2166 **Telephone:** (501) 682-1915